

Depend on our people. Count on our advice. SM

REDACTED - FOR PUBLIC INSPECTION

October 22, 2013

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 361399, MN, Granada Telephone Company Connect America Fund WC Dockets 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Granada Telephone Company, MN, SAC 361399 is filing its Form 481 High Cost and Low-Income Annual Report.

Granada Telephone Company seeks confidential treatment under the Protective Order in this proceeding. ¹ Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,

Tom Campbell

Telecommunications Consultant

tcampbell@otcpas.com

651-621-8511 (v)

651-483-2467 (f)

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

¹ See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 ("Order")

	m 481 - Carrier Annual Reporting Illection Form		FCC Form 481 OMB Control No. 3060-09 July 2013	986/OMB Control No. 3060-0819
<010>	Study Area Code			
<015>	Study Area Name	TEL CO		
<020>	Program Year 2014			
<030>	Contact Name: Person USAC should contact with questions about this data	bell		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	-8511		
<039>	Contact Email Address: tcampbe Email of the person identified in data line <030>	ll@otcpas.com		
				54.313 54.422
ΔΝΝΙΙΔ	L REPORTING FOR ALL CARRIERS			Completion Completion Required
. a.	The state of the s			(check box when complete)
<100>	Service Quality Improvement Reporting	(complete attached w	orksheet)	
	Outage Reporting (voice)	(complete attached w	orksheet)	V V
<210>	< check box if no outage	s to report		
	Unfulfilled Service Requests (voice)			<u> </u>
<310> <320>	Detail on Attempts (voice) Unfulfilled Service Requests (broadband)	(attach descriptive de	ocument)	
<330>	Detail on Attempts (broadband)	(attach descriptive de	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)			V
<410>	Fixed 0.0			
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
	Service Quality Standards & Consumer Protection Rules Com	pliance (check to indicate cert	ification)	V V
<510>	361399mn510	(attached descriptive de		<i>V V</i>
<600> <610>	Functionality in Emergency Situations 361399mn610	(check to indicate cert (attached descriptive de		<i>V V</i>
	Company Price Offerings (voice)	(complete attached w		
	Company Price Offerings (broadband)	(complete attached w	orksheet)	
	Operating Companies and Affiliates	(complete attached we	orksheet)	
	Tribal Land Offerings (Y/N)?	(if yes, complete attached we		
<1000> <1010>	Voice Services Rate Comparability	(check to indicate cert (attach descriptive de		
	Terrestrial Backhaul (Y/N)?	(if not, check to indicate cert		
<1110>		(complete attached w		
<1200>	Terms and Condition for Lifeline Customers	(complete attached w	orksheet)	V
	Price Cap Carriers, Proceed to Price Cap Additional Documer			
<2000>	g g zamini ajymuteu man mee eup zet	(check to indicate cert	ification)	
<2005>		(complete attached w	orksheet)	
-2022	Rate of Return Carriers, Proceed to ROR Additional Docume			
<3000> <3005>		(check to indicate cert (complete attached w		V
130037		(complete attached wi	or nonect)	

	ervice Quality Improvement Reporting ollection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 361399	
<015>	Study Area Name GRANADA TE	co
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data	ampbell
<035>	Contact Telephone Number - Number of person identified in data line <030> 6	-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	impbell@otcpas.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concept which only receives frozen support, your progress report is only required to address voice telephony service.	pany is a
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	361399	
<015>	Study Area Name	GRANADA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030> 651-621-8511		
<039>	Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com		

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
						;	See attache	d				
							rksheet	<u> </u>				
						WC	nksneet					
						1			l		l	

(700) Prid	ce Offerings including Voice Rate Data		FCC Form 481		
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
242		361399			
<010>	Study Area Code				
<015>	Study Area Name	GRANADA TEL CO			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell			
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511			
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com			
<701>	Peridential Local Service Charge Effective Date 1/1/2013				

<702> Single State-wide Residential Local Service Charge

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
	61.1.	5 .h (U.50)	SAG (SETS)	B.1. T	Residential Local	Chata C. handhaathaa Chana	6	Mandatory Extended Area	Tatal and Park Batana and Fran
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See att	ached worksheet			

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	361399	
<015>	Study Area Name	GRANADA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell	
<035>	35> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511		
<039>	> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com		

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
•									
ŀ			Se	e attached					
			work	sheet					
•									
•									
ŀ									
ŀ									

(800) Ope	erating Companies		FCC Form 481	
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		361399	
<015>	Study Area Name		GRANADA TEL CO	
<020>	Program Year		2014	
<030>	Contact Name - Person	USAC should contact regarding this data	Tom Campbell	
<035>	Contact Telephone Num	nber - Number of person identified in data line <0	30> 651-621-8511	
<039>	Contact Email Address -	Email Address of person identified in data line <0	030> tcampbell@otcpas.com	
<810>	Reporting Carrier	Granada Telephone Company		
<811>	Holding Company	BCS Holdings, LLC		
<812>	Operating Company	na		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=			
_			
-	See a	ttached works	heet
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900) Tril	bal Lands Reporting			FCC Form 481	
Data Coll	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-08	
				July 2013	
040		361399			
<010>	Study Area Norma				
<015>	Study Area Name	GRANADA TEL 2014	CO		
<020>	Program Year Contact Name - Person USAC should contact regarding this data	Tom Campbe	11		
<030> <035>	Contact Name - Person OSAC should contact regarding this data Contact Telephone Number - Number of person identified in data line		21-8511		
<039>	Contact Telephone Number - Number of person identified in data line Contact Email Address - Email Address of person identified in data line				
<0392	Contact Email Address - Email Address of person identified in data fill	e <usu> tcam</usu>	pbell@otcpas.com		
<910>	Tribal Land(s) on which ETC Serves				
۲020s	Tribal Covernment Engagement Obligation				
<920>	Tribal Government Engagement Obligation		Name of Attached Docu	mont (ndf)	
			Name of Attached Docu	ment (.pai)	
	If your company serves Tribal lands, please select (Yes,No, NA) for				
	each these boxes to confirm the status described on the attached				
	PDF, on line 920, demonstrates coordination with the Tribal				
	government pursuant to § 54.313(a)(9) includes:				
		Select	1		
		(Yes,No,			
		NA)			
<921>	Needs assessment and deployment planning with a focus on Tribal	,			
.522	community anchor institutions;				
<922>	Feasibility and sustainability planning;				
<923>	Marketing services in a culturally sensitive manner;				
<924>	Compliance with Rights of way processes		-		
<925>	Compliance with Land Use permitting requirements		-		
<926>	Compliance with Facilities Siting rules		-		
			-		
<927>	Compliance with Environmental Review processes		-		
<928>	Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.		_		
<929>					

•	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	361399
<015>	Study Area Name	GRANADA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

ifeline	erms and Condition for Lifeline Customers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
ata Coll	ection Form			July 2013
<010>	Study Area Code	3	61399	
<015>	Study Area Name	G	RANADA TEL CO	
<020>	Program Year	2	014	
<030>	Contact Name - Person USAC should contact regarding this data		Tom Campbell	
<035>	Contact Telephone Number - Number of person identified in data	line <030>	651-621-8511	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	tcampbell@otcpas.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		1399mn1210 me of attached document (.pdf)	
<1220>	Link to Public Website	HTTP		
	"Please check these boxes below to confirm that the attached PDF on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	,		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	~		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

(
(2000) Pi	2000) Price Cap Carrier Additional Documentation FCC Form 481					
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819				
Including	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers July 2013					
<010>	Study Area Code 361399					
<015>	Study Area Name GRANADA	TEL CO				
<020>	Program Year 2014	••				
<030>	Contact Name - Person USAC should contact regarding this data Tom Cample	pell				
<035>		21-8511				
<039>	Contact Email Address - Email Address of person identified in data line <030> tcamp	pbell@otcpas.com				
	·					
CHECK ti	he boxes below to note compliance as a recipient of Incremental Connect America Phas		· · · · · · · · · · · · · · · · · · ·			
	support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the ir	formation reported on this form and in the documents attached b	pelow is accurate.			
	leaveness to I Commont Associate Dhoos I was at the					
<2010>	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1))					
<2010>	. , , , , ,		 			
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}					
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))					
<2012>	2013 Frozen Support Certification					
<2013>	2014 Frozen Support Certification					
<2014>	2015 Frozen Support Certification					
<2015>	2016 and future Frozen Support Certification					
			<u> </u>			
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}					
<2016>	Certification Support Used to Build Broadband					
	Connect America Phase II Reporting {47 CFR § 54.313(e)}					
<2017>	3rd year Broadband Service Certification					
<2018>	5th year Broadband Service Certification					
<2019>	Interim Progress Certification					
<2020>	Please check the box to confirm that the attached PDF , on line 2021,					
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient					
	of CAF Phase II support shall provide the number, names, and addresses of					
	community anchor institutions to which began providing access to broadband					
	service in the preceding calendar year.					
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information				

(3000) Ra	ate Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
- <010>	Study Area Code 361399		
<015>	Study Area Name GRANADA	TEL CO	
<020>	Program Year 2014		
<030>		m Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	651-621-8511 tcampbell@otcpas.com	
(0392	Contact Email Address - Email Address of person identified in data life Cost	tcampoerreotcpas.com	
CHECK t	the boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attac	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification {47 CFR \S 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions {47 CFR § 54.313{f}(1)(ii)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313{f}(2)} If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3010)			
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<u>v</u>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		V
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	361399mn3026

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Certification - Reporting Carrier Data Collection Form		er	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	361399	
<015>	Study Area Name	GRANADA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data Tom Campbell		
<035>	> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511		
<039>	> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to t	the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients				
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:	Title or position of Authorized Officer:				
Telephone number of Authorized Officer:	Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	361399	
<015>	Study Area Name	GRANADA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USA	C should contact regarding this data Tom Campb	ell
<035>	Contact Telephone Number	-621-8511	
<039>	Contact Email Address - Ema	ail Address of person identified in data line <030> tc	ampbell@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I certify that (Name of Agent) $_{\rm Compbell}$ also certify that I am an officer of the reporting carrier; my responagent; and, to the best of my knowledge, the reports and data process.	is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized vided to the authorized agent is accurate.				
Name of Authorized Agent: Tom Campbell					
Name of Reporting Carrier: GRANADA TEL CO					
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/10/2013				
Printed name of Authorized Officer: William Eckles					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 507-526-3252					
Study Area Code of Reporting Carrier: 361399	Filing Due Date for this form: 10/15/2013				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for	for CAF or LI Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for uni	niversal consider cumport recipients on behalf of the conceting service. I have provided			
the data reported herein based on data provided by the reporting carrier; and, to the best of my kno	· · · · · · · · · · · · · · · · · · ·			
Name of Reporting Carrier: GRANADA TEL CO				
Name of Authorized Agent or Employee of Agent: Tom Campbell				
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/10/2013			
rrinted name of Authorized Agent or Employee of Agent: Tom Campbell				
Title or position of Authorized Agent or Employee of Agent Consultant				
Telephone number of Authorized Agent or Employee of Agent: 651-621-8511				
Study Area Code of Reporting Carrier: 361399 Filing Due Date for th	this form: 10/15/2013			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the 18 of the United States Code	, , , , , , , , , , , , , , , , , , , ,			

Attachments

(800) Op	erating Companies	FCC Form 481
Data Coll	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	361399
<015>	Study Area Name	GRANADA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person U	JSAC should contact regarding this data Tom Campbell
<035>	Contact Telephone Num	ber - Number of person identified in data line <030> 651-621-8511
<039>	Contact Email Address -	Email Address of person identified in data line <030> tcampbell@otcpas.com
<810>	Reporting Carrier	Granada Telephone Company
<811>	Holding Company	BCS Holdings, LLC
<812>	Operating Company	na

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
_	Blue Earth Valley Telephone Company	361358	BEVCOMM
_	Eckles Telephone Company	361386	BEVCOMM
	Easton Telephone Company	361384	BEVCOMM
	Cannon Valley Telephone Company	361440	BEVCOMM
	BEVCOMM, Inc.		BEVCOMM
	Indianhead Telephone Company	330936	
	Pine Island Telephone Company	361454	
	Hager Telephone Company	330889	
	Granada Telephone Company	361399	
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Page 1 of 2

SAC: 361399 State: MN Granada Tel Co

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Granada Tel Co are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS. 7810.0200 SCOPE. 7810.0300 STATUTORY AUTHORITY.

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC. 7810.1100 COMPLAINT PROCEDURES. 7810.1200 RECORD OF COMPLAINT.

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810,2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES.

7810.3000 DIRECTORY ASSISTANCE.

7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT.

7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3900 EMERGENCY OPERATIONS.

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Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES.
7810.4300 ACCURACY REQUIREMENTS.
7810.4900 ADEQUACY OF SERVICE.
7810.5000 UTILITY OBLIGATIONS.
7810.5100 TELEPHONE OPERATORS.
7810.5200 ANSWERING TIME.
7810.5300 DIAL SERVICE REQUIREMENTS.
7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

Granada Tel Co is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

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Form 481 Line No. 610 Description of Functionality in Emergency Situations

Granada Tel Co pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
 - o A minimum of four hours of battery service in each central office.
 - o A permanently installed power unit in exchanges exceeding 5000 lines.
 - Mobile power units that can be delivered on short notice and which can be readily.
 connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

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SAC: 361399 State: MN Granada Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Granada Tel Co does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

<u>(local service provider)</u>. On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

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Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Granada Tel Co's Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600 as follows:

A. The tariffs or price lists of local exchange carriers must offer the following services to all

custome	ers pursuant to Minn. Rules pt. 7812.0600 (basic service requirements):
sin	gle party voice-grade service and touch-tone capability;
91:	1 or enhanced 911 access;
acc tol one me	intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service; cess to directory assistance, directory listings, and operator services; I and information service-blocking capability without recurring monthly charges e white pages directory per year for each local calling area, which may include ore than one local calling area, except where an offer is made and explicitly fused by the customer;
	white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
cal	ll-tracing capability according to chapter 7813;
	(i) call Trace provisions in tariff mirror Commission's tariff templates.
b	clocking capability according to the Commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P999/CI-92-992 (December 3, 1993).
	ecommunications relay service capability or access necessary to comply with state and federal regulations.

B. A Separate flat rate service offering is required pursuant to Minn. Rules pt. 7812.0600, subpt. 2. At a minimum, each local service provider (LSP) shall offer the services identified in Minn. Rules pt. 7812.0600, subpt. 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

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Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

C. Service area obligations under Minn. Rules pt. 7812.0600, subpt. 3: An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7812.0300 or 7812.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7812.0300, subpart 4, or 7812.0350, subpart 4. The obligation to provide resale services does not extend beyond the facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises. service capability of the underlying carrier whose service is being resold. The obligation to provide

The flat rate services, offered pursuant to Minn. Rules pt. 7812.0600, subpt. 2., include unlimited local service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) selected by the end user.

The specific Company terms and conditions for the Companies Lifeline Plans are set forth in the tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361399 State: MN Granada Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

GRANADA TELEPHONE COMPANY HECTOR, MINNESOTA

Section 4 Page 1

LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

C. Extended Area Service

- 1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- 2) Extended Area Service rate component.
 - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
 - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

D. Taxes

1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

Effective: 1-1-03

GRANADA TELEPHONE COMPANY HECTOR, MINNESOTA

Section 4 Page 2 Revision 1

LOCAL EXCHANGE SERVICE

<u>Rates</u>

				Monthly Charges		
Class of Service		Access Line Charge	EAS Additive	<u>Total</u>		
Granada Exchange						
Business: One Party - Access Basic Coin Telephone Service		\$ 13.19 13.19	\$ 14.63 14.63	\$ 27.82 27.82	(I) (I)	
Residence: One Party - Access		\$ 9.69	\$ 10.74	\$ 20.43	(I)	
SCHOOL CLASSROOM SERVICE: * One Party - Access		\$ 9.69	\$ 10.74	\$ 20.43	(I)	
	Business	Residential	School Classroom Service	Coin Telephone		
EAS Additive: Facility Cost Lost Access Revenue	\$.50 	\$.36 10.38	\$.36 	\$.50 14.13		
Total	\$ 14.63	\$ 10.74	\$ 10.74	<u>\$ 14.63</u>		

All rates are billed in advance. Payment for service is due when the statement is rendered.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation rate service is determined in accordance with Section 5 of this tariff book.

* School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 6-15-03

GRANADA TELEPHONE COMPANY HECTOR, MINNESOTA

Section 4 Page 3 Revision 1

LOCAL EXCHANGE SERVICE

EXTENDED AREA SERVICE (EAS) Exchange EAS to Exchange Granada Fairmount/East Chain LCA Granada

Effective: <u>6-15-03</u>

SAC: 361399 State: MN Granada Tel Co

Form 481 Line No. 3026

ATTACHMENT REDACTED IN ENTIRETY